

HIV Planning Steering Group (HPSG) January 17 Agenda

Location: Washington State Department of Health; 20425 72nd Ave S, Room 309; Kent, Washington 98032

Date/Time: January 17, 2019; 10:00am – 3:00pm

Estimated Time	Section Topics for Discussion	Section Objective
10:00am – 10:15am	I. Welcome/Housekeeping/Announcements/Introductions (15 minutes) a. Introductions New member: Shireesha – HIV provider and Harborview attending provider since 2006. Started working at the SHE Clinic working with women in high risk populations. b. Agenda Review with Action Agenda approved c. Minutes with Action Minutes motion by Judith seconded by Scott - Approved d. Overview of LEADERSHIP – Exec Committee Jonas stepped down for 2019, Jasmine won election and is the new community co-chair. Co-chair elect is Melissa Tom serving as the governmental co-chair	Provide Information Approve Agenda Approve Minutes
10:15am – 10:25am	II. Updates & Discussions (10 minutes) a. Membership Committee – updates, recruitment, volunteers (Scott) Down 1 individual and not able to meet over the holiday, continuing to work on volunteer and member recruitment. Weekly/bi-weekly meetings and in need of an additional 2 members to join the membership committee b. DOH updates: Legislative and Bree (Tam) Convened Monday – Very political session, spent lots of time arguing rules. BREE – Will have presentation later about updates c. Legislative update on Co-Pay Accumulator Card (Scott) What they are – manufacture support payments will no longer count towards deductibles for insurance. More updates in March and how these changes will impact clients. Anna with Pfizer working with community members to make sure that patients from suffering from chronic disease don't know that these programs are existing when selecting plans and the potential for paying more. May be legislation to address these issues since some people really rely on the co-pay deductible. Double dipping on part of the insurance companies. National and state partners involved.	Obtain additional members for MC
10:25 am -10:30 am	Public Comment (5 minutes) No Comments	Receive Public Comment
10:30am – 12:00 pm	III. DOH Presentation & Discussions (1.5 hours) a. Return to Discussion about 70.24 – 30 Minutes– (Tam) Updated packets for the legislation Language approved by the Governor's office, 1page info sheet, sponsor in the house Laurie Jenkins and some other members have expressed interest and will have a sponsor in the Senate. A bill running in each chamber. Tam/Vanessa will email out the bill number as they are released along with alerts. Plain English change doc – Changes between the Nov meeting and now. Health orders allowed to extend orders up to 12 months. Criminal Penalty – Information to general public being repealed. OSPI – Recommended repealing, OSPI asked to keep, but change to BBP to require for volunteers. Expect introductions no later than Friday the 25 th . HPSG will be informed of introduction and hearings b. Discussion of 70.24 with HPSG with Scott and Lauren – 1 hour	

Z Draft Modernization – Power Point

Update where HPSG is – What is included in the draft; definitions as far as what an STD of Special Public Health Significance, new chapter regarding misdemeanor and gross misdemeanor

Path of discussion options – Consensus for a letter to legislature or individuals provide letters to the legislature.

Discussion – Looking at draft as is, but there are further discussions for additional alternatives (substitute bill/amendments)

Definitions – The things about language is just clean up and not a reason to tank the bill. Running list of technical amendments that can be provided to bill sponsors.

New Section: Misdemeanor – Allows for any reasonable measure taken to prevent transmission to remove from being at risk for prosecution. Lowers the penalty if convicted. Major step down from a felony. The z bill does list out what practical means to prevent transmission.

1.

Responsibility of the provider – is this something that is addressed in the law or is this ongoing conversations with how care is provided for new diagnosis.

Discussion – No Comment

2. Definition of sexual intercourse – talking in more clinical terms

Discussion – Current definition does not include oral sex. Is the tongue considered as sexual organ? Does the word penis need to be added?

Policy conversation that could be included in an amendment.

Definitions should be different than that which is taken from and associated with sex offense laws.

3. Person is presumed to have transmitted the virus -

Discussion – Does not require enough information to presume. Wanting a narrower definition of a crime. Will never to be 100% able to confirm this person transmitted to another.

Concerns about creating stigma by adding testing/epi components

Acknowledge need for credible evidence

Where is the burden of proof going? The accuser or the accused and specify where that burden of proof lies.

4. Practical means to prevent transmission

Discussion – Good

5. Gross Misdemeanor – language about knowingly lie. Difficult to prove disclosure or non-disclosure.

Discussion –

Special Allegation for Sex Offenders – Criminal code about what is considered actual sex offenses.

Discussion –

	<p>Prosecuting Attorney Association – Want to narrow the felony A statute, Wants to clarify intent, Narrow risks of wholesale prosecutions, continued support for transmission penalties or similar equivalence, exceptionalism is warranted by those who would cause intentional, egregious behaviors, support bifurcation of public health statutes and criminal statutes, current substitute for HIV to Infectious disease with high morbidity or mortality. Broaden possible scope of prosecuted diseases, not consistent with treatable chronic medical conditions.</p> <p><u>Discussion – Education with the rep from this group to bring them up to speed on how things have changed. Is he movable on his stance?</u></p> <p>If there were no law, prosecutors could use any law to prosecute. Where if it's in this statute/law it eliminates the ability of using any of the other laws???</p> <p>Intent to do harm = assault and put burden of proof of the prosecutor.</p> <p>Impress</p> <p><u>Recommendation that the letter may be an opportunity to educate about the current state of HIV as a treatable/ manageable chronic disease, not a high mortality etc.</u></p> <p>HPSG Next Steps – Scott and Lauren to send out to HPSG the wording for the decrim for additional work.</p> <p>C. END AIDS PrEP campaign for providers. Providers' campaign went live this week and the build boards in Spokane and Seattle will go up today. Buttons made for providers to wear and window clings that providers/clinics can display.</p> <p>Going to providers in PrEP DAP database and then family practitioners etc. Community campaign is currently being developed and next week the second advisory and focus groups will occur in Seattle, Yakima, and Spokane. Will show campaign at March meeting</p>	
NOTE: Public Comment will be included during each section discussion		Receive Public Comment
12:00pm - 12:30pm (break)		Obtain food (and eat)
12:30pm – 2:50pm	<p>IV. SEW – PHSKC Updates – HIV in PWID –</p> <p>a. Presentation and getting HPSG input on recommendations – ((TBD) – 1 hour Vanessa will send out with either presentation slides, etc. Provided information and recommendations with responsible parties tasked with action items.</p> <p>North Seattle Long term – need to look at different alternatives that don't follow the current infrastructure of traditional clinics that have med management, low barrier drop in, more accessible nursing. Clinical capacity for taking care of patients who are homeless. Work with SSPs Discussion about challenges that once something gets established, how do neighborhoods change and the need for services that change with that. Mobile clinics are hard to grow. Expansion of 340b services – potential revenue source It would be nice to see coordination of efforts between LHJs/CBO/DOH – is this possible? – for a more coordinated effort so we aren't testing all the same people?</p>	

	<p>HEP is looking at allocating resources to respond to Opioid Crisis in Short term Can CBOs/Lifelong participate in HIV testing through Medicaid or hand out home testing rapid tests? Lifelong has used the Chix Soup Brigade mobile vans for testing Is there a way to have a Bailey Bouchay model for Med Storage and Management, HCV Testing – there is no infrastructure now, we need a stable place vs a van that can have nurses and offer low barrier buphenorphene DOH to have conversation with Business Development about homelessness and who we can partner with to end homelessness Comments: How do we turn this into a learning opportunity...How do we need to change our administrative structure?</p> <p>Public comment – opportunities to bring broader awareness to these issues Next Step – have another meeting to go over HPSG recommendations. 4th meeting will be in February and then start working on the short term goals and move forward.</p> <p>b. Hep C Elimination Efforts – Emalie – 30 Minutes What is Hep Data Hep C Free WA will build their own indicators for elimination 3 workgroups: Research and Strategic Information, clinical strats and community July 28 Hep day</p> <p>V. Programming Updates – Stigma/Prevention/HIV 50+/Latinx Project - Mike/Lydia/Chris/Bryan – 30 Minutes Chris – Peer navigation (CHW) funded programs, partnering with DOC to fund 2 peer navigators, providing tech assistance, peer navigators able to attend national conferences. HIV over 50 – 49% of people in WA, more than 20% of new cases. Concerns – mental, physical, and sexual health: community listening sessions and formation of special emphasis work groups, and creation of email for communication. HIVover50@doh.wa.gov</p> <p>Lydia and Mike – Micro grants Community engagement, stigma, and drug user health projects at SSPs. Future funding contingent on the legislature. Stigma reduction; low barrier type of work to see what communities would do with the funding. Similar to community engagement projects.</p> <p>Bryan – Health disparities Develop task force to identify how to address disparities. Working with assessment unit.</p> <p>Have Bryan and Jon present in March.</p>	
NOTE: Public Comment will be included during each section discussion		
2:50pm – 2:55pm	<p>VI. HPSG Report Outs / Announcements (5 minutes)</p> <p>a. PEP SEW Announcement and Query – Q2 2019 (Vanessa) Volunteers -</p> <p>b. Any HPSG Member Announcements Aric– Feb 7 national black HIV awareness day, series of call with stakeholders in central was around prep access.</p>	Provide Information and Receive HPSG Comments and Suggestions

2:55 pm – 3:00pm	Public Comment (5 minutes)	Receive Public Comment
3:00pm	Adjourn	

Opportunities for public comment are provided at the end of each agenda item for comments related to the item and at the end of the meeting for general comments. HPSG Co-Chairs will ask for a show of hands of people who would like to comment. The Public comment time will be divided equally amongst them.

.